



Sunny Start Medical Home Committee Meeting Summary

Meeting Date:	Friday, May 12, 2006 (9:00 – 12:00)
Location:	Riley Outpatient Center – Conference Room B
Committee Chair:	n/a
List of Participants:	David Roos, Nancy Swigonski, John Rau, Lynne Sturm, Julia Brillhart, Sarah Stelzner, Deborah Perry, Judith Ganser, Andrea Wilkes, Maureen Greer, Toni Harpster
Useful Tools and Websites	<p>RAND Document – Early Childhood Interventions Proven Results, Future Promise - http://www.rand.org/pubs/monographs/2005/RAND_MG341.sum.pdf</p> <p>Federal Reserve Bank of Minneapolis – Special Studies – Early Childhood Development Website - http://woodrow.mpls.frb.fed.us/research/studies/earlychild/</p> <p>Bright Futures Website - http://www.brightfutures.org/ - Parent Friendly list saying when to seek help.</p> <p>Dr. Perry's contact information – Deborah F. Perry, PhD – Center for Child and Human Development – dfp2@georgetown.edu</p> <p>Strategic Outcomes and Guiding Principles of FSSA www.in.gov/fssa/about/overview/index.html</p> <p>DOE Children's Social, Emotional and Behavioral Health Plan Website - http://www.doe.state.in.us/exceptional/pdf/ChildrenPlanDrft031706.pdf</p>
Summary of meeting:	<p>After introductions and the packet review, Dr. Perry began the presentation titled “Integrating Behavioral Health into Pediatric Primary Care for Young Children and Families (see attached).</p> <p><u>Highlights from the Power Point Include:</u></p> <ul style="list-style-type: none"> • Preventative measures for maternal depression have proven effective • There is little prevalence data on early childhood mental health issues • Rates of problematic behavior are higher in lower income populations • Behavioral supports in the primary care setting have been proven to be effective. • Ideas from other efforts (see slide 10) – Embedding a developmental specialist into the pediatric setting, public and private sector... • The most successful referral is a “facilitated referral” where there is a connection between the referral source and the mental health professional. This is more than providing the family with a list of providers. • Billing for screening can be problematic CBT Codes 96110 and 96111 • Parent tools (checklist for when to seek help) from Bright futures can be placed in waiting room.

Key points of general discussion:

- There is a gap between Obstetrics and Pediatrics for families
- There needs to be a linkage between Child Development and Pediatrics
- There will be tightening in funding for Temporary Assistance to Needy Families and other programs, children may lose access to services.
- There are some fundamental structural issues that need to be reviewed. We need to work from a common framework and speak the same language.
- New Family Social Services Administration Request for Proposal places an emphasis on medical services through the school systems. (David Roos to send group Request for Proposal information) – Each Managed Care Entity has to build in school based health services.
- We cannot simply educate physicians on mental health screening. We need to teach them how to change their practice and give them the supports they need when children are identified.
- Is social and emotional screening in the medical home a popular issue? - Federal MCH is starting to address this at a systems level. ECCS/Sunny Start provides the forum for starting the process and voicing concerns
- Whatever we do we should frame it around Family Social Services Administration Guiding Principles
- Hoosier Healthwise – many children are auto assigned the primary care provider based on the obstetrician used by the mother. Many pediatricians in outlying areas have panel sizes below the state average

Where do we go from here?

Our goal is to have pediatricians (or the medical home) do mental health screenings for young children.

Strategies

1. Promote to the community that this is evidence based
2. Continue to train residents
3. Continue to work with mental health practitioners and care providers on training
4. Work on identifying and building resources – includes building capacity
5. Mental health providers should partner with the medical community; bridging providers
6. Academic detailing

All of this should be framed in a way that coincides with the Family Social Services Administration Guiding Principles

Follow Up

Send group the Commonwealth information - (Toni Harpster – 5/20/06)